

NEBRASKA BOARD OF PUBLIC ACCOUNTANCY
P.O. Box 94725, Lincoln, NE 68509-4725
(402) 471-3595 or (800) 564-6111; FAX (402) 471-4484
Web site: www.nbpa.ne.gov

APPLICATION FOR CPA CERTIFICATE ISSUANCE

REQUIREMENTS FOR ISSUANCE OF A NEBRASKA CPA CERTIFICATE BY EXAMINATION:

1. You must be a resident of Nebraska, have a place of business or be regularly employed in the state (Reference: Nebraska statutes 1-114); **and**
2. You must have completed at least a Baccalaureate degree from an accredited college or university. (If sitting for the CPA Examination after January 1, 1998, you must also have completed 150 semester hours or 225 quarter hours of postsecondary academic credit, and do not need to resubmit another transcript.); **and**
3. You must complete the AICPA's Professional Ethics self-study examination and request they send a Certificate of Completion showing the grade earned and date of completion. Contact the AICPA directly for the study materials and examination: 1-888-777-7077; **and**
4. You must have successfully completed the U.S. Uniform CPA EXAM.

Please print in black ink or type your answers to the following questions, sign, date and return this original application. **Do not fax a copy.** The AICPA must send a certificate of completion of the Professional Ethics course to the Nebraska State Board of Public Accountancy at the above address. **Incomplete applications will be returned unprocessed and deemed not received.** (1/08)

(Circle one) Male OR Female?

Legal Name _____
First Name Middle Name (No Initials) Last Name Maiden Name

Social Security # _____ **Date of Birth** _____

Mailing Address _____
Street or P. O. Box City State Zip

Resident Address _____
Street City State Zip

Home Phone No. _____ **Date NE residence established (MO/DD/YY)** _____

Name of present Employer _____

Office Address _____
Street or P. O. Box City State Zip

Office Phone No. _____ **FAX No.** _____

E-mail Address _____ **Date Exam Passed (Mo/Yr)** _____

College Degree Earned _____ **Date Conferred** _____ **College/University** _____

- ___ YES ___ NO Do you hold a CPA certificate issued by another state or territory of the United States or the District of Columbia? If Yes, give state, certificate # and date of issuance. _____
- ___ YES ___ NO Have you been convicted of a felony by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)
- ___ YES ___ NO Have you been convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)
- ___ YES ___ NO Have you had any application for certification or licensure denied, or any professional or vocational license revoked or suspended, or been subject to other disciplinary action regarding such a license in this state or any other state, or by the United States government? (If yes, please attach a separate page providing details regarding the action taken, by what agency, dates and locations.)
- ___ YES ___ NO Have you had any violation of a court order? Have you had any civil judgment, or civil penalty an element of which judgment or penalty involves dishonesty, fraud, deceit, or misrepresentation? (If yes, please attach a separate page giving disposition, charges, dates and locations.)

I hereby make application to the Nebraska Board of Public Accountancy for the issuance of a Nebraska Certified Public Accountant certificate. **I understand that an incomplete, faxed copy, or incorrect response in this application may be grounds to deny the issuance of a certificate or to revoke the certificate.**

DATE _____ **APPLICANT'S SIGNATURE** _____